



CAPRI Institute Community Grant

CAPRI Institute, Cosmetology Training Centers is excited to offer the following CAPRI Community Grants to prospective students effective September 12, 2017, based upon eligibility and availability.

\$1,000 COSMETOLOGY SCHOLARSHIP - 25 Hours Community Service

\$850 BARBERING SCHOLARSHIP - 15 Hours Community Service

\$750 SKIN CARE SCHOLARSHIP - 10 Hours Community Service

\$300 NAIL TECHNOLOGY SCHOLARSHIP - 5 Hours Community Service

To Apply:

- Student(s) will be considered for a CAPRI Community Grant by completing the CCG (CAPRI Community Grant) Registration Form and submitting a non-relative recommendation letter prior to enrollment. These 2 items are submitted to the attention of:

CAPRI Corporate Management, Inc.

Attn: Cecily LaMontagne

CAPRI Community Grant Registration

615 Winters Avenue

Paramus, NJ 07652

Eligibility to Receive:

- Community Service must be completed at a **non-profit** organization.
- Student must graduate with a 90% or higher attendance percentage.
- This cannot be combined with any other CAPRI Scholarship.
- Student provides documentation of community service 2 weeks prior to graduation.

Documentation includes dates and hours of services provided and Director's (or equivalent) signature and the following complete contact information:

- o Name
- o Physical & Mailing Address
- o Phone and Email

CAPRI CARES!

“Encouraging Students to share their passions with their community.”

CAPRI Institute Community Grant Registration Form

Students Name: _____

Campus: _____

Program: _____

Cell Phone #: _____

E-mail address: _____

WHY CAPRI Institute? _____

What type of community work are you most interested in, and why? _____

Provide details of any volunteer work you have offered communities in the past 5 years. This includes charities, non-profits, or community groups: _____

Name 3 charities that you admire, and why? _____

Why do you feel passionate about community service? _____

How do you feel your contribution will make a difference? _____

Who is recommending you for this Scholarship and why? (**non-family member**)

Name: _____ Relationship to Applicant: _____

Address: _____

Cell Phone #: _____

FOR OFFICE USE ONLY

Name of CAPRI Admissions Director: _____

CCG Amount: _____

Start Date: _____

CCG Approved: _____